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PTO/SB/81 (11-04) [modified]
Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. Department of Commerce

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Application Number 10/720,026

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	10/720,026
Filing Date	11/21/2003
First Named Inventor	Madaline CHIRICA
Title	Mammalian Receptor Proteins; Related Reagents and Methods
Art Unit	1632
Examiner Name	Unknown
Attorney Docket No.	DX01074B1K

I hereby revoke all previous powers of attorney given in the above-identified application.			
I hereby appoint:			
Practitioners a	associated with the Customer Number: 28008		
as my/our attorney(s) Patent and Trademar	or agent(s) to prosecute the application identified above, and to trans. k Office connected therewith.	nsact all busi	ness in the United States
Please recognize or	change the correspondence address for the above-Identified applic	ation to:	
The address as	sociated with the above-mentioned Customer Number: 28008		
I am the:		_	
☑ Applicant/Invent	or.		
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)			
SIGNATURE of Applicant or Assignee of Record			
Signature	Madaline Chine	Date	Feb 12, 2003
Name	Madaline Chirica	Telephone	781-913-6292
Title and Company (if applicable)			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
*Total of4 forms are submitted.			

This collection of Information is required by 37 CFR 1.312, 1.32 and 1.33. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450 Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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SIGNATURE of Applicant or Assignee of Record			
Signature	(Wattle	Date	2/8/05
Name	Robert A. Kastelein	ТеІерһопе	
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SIGNATURE of Applicant or Assignee of Record				
Signature	Kein Willow	Date	2.9.05	
Name	Kevin W. Moore	Telephone	·	
Title and Company (if applicable)			·	
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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS **INDICATION FORM**

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Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)			
SIGNATURE of Applicant or Assignee of Record			
Signature	Christe Pal	Date	2/11/05
Name	Christi L. Parham	Telephone	
Title and Company (if applicable)			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
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